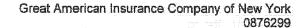
\* O5 \* 05/15/2014 \* OMH 1543942 00



POLICY PERIOD:



ADMINISTRATIVE OFFICES 301 E 4th Street • Cincinnati, OH 45202-4201 513.369.5000 www.GreatAmericanInsurance.com GAI 2430 (Ed. 08 05)

Policy No. Renewal Of OMH 1543942 00

## MARINE COMPOSITE POLICY DECLARATIONS

NAMED INSURED AND ADDRESS: BRIDGEVIEW MARINA, INC. P.O. BOX 10400 RENO, NV 89510-0400

12:01 A.M. Standard Time at the address of the Named Insured shown at left. From 05/30/2014 To 05/30/2015

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

AGENT'S NAME AND ADDRESS: WELLS FARGO INS SVCS USA INC 601 UNION ST STE 1300

SEATTLE, WA 98101 - 1363

Insurance is afforded by company indicated below: (A capital stock corporation)

Great American Insurance Company of New York

## **POLICY SECTIONS**

- I. BOAT DEALER'S COVERAGE FORM
- II. MARINA OPERATOR'S LEGAL LIABILITY COVERAGE FORM
- III. MARINE COMMERCIAL LIABILITY COVERAGE FORM
- IV. PROTECTION & INDEMNITY COVERAGE FORM
- V. OWNED WATERCRAFT COVERAGE FORM
- VI. OWNED EQUIPMENT COVERAGE FORM
- VII. MARINE COMPOSITE POLICY GENERAL EXCLUSIONS
- VIII. MARINE COMPOSITE POLICY GENERAL CONDITIONS
- IX. ADDITIONAL COVERAGE FORMS AND ENDORSEMENTS

TOTAL POLICY PREMIUM:

2.750.00

## SUBJECT TO CONDITIONS OF FORMS ATTACHED:

Subject to the Schedule of Coverages on the following pages of this Declarations, and the terms and conditions of the Coverage Forms and Endorsements attached hereto. In the event that any of the clauses contained in Section VII. General Policy Exclusions or Section VIII. General Policy Conditions attached hereto are in conflict with the specific clauses contained in the Coverage Forms and Endorsements attached hereto, the specific clauses contained in the Coverage Form or Endorsement shall take precedence and be applicable.



## SCHEDULE OF COVERED PREMISES:

1 1805 THOMPSON DR. BREMERTON, WA 98337

COVERAGE SECTION	DEDUCTIBL AMOUNT		LIMIT OF LIABILITY		PREMIUM
I. BOAT DEALER'S COVERAGE				\$	Not Covered
A. ANY ONE COVERED PREMISES		\$	Not Covered		
B. ANY ONE ACCIDENT OR OCCURRENCE	\$ Not Cove	red	Not Covered		
REPORTING		at			
	DEDUCTIBI AMOUNT		LIMIT OF		PREMIUM
II. MARINA OPERATOR'S LEGAL LIABILITY COVERAGE				\$	2,000.00
A. ANY ONE ACCIDENT OR OCCURRENCE	\$ 2,6	500 \$	1,000,000		
	**		RATE PER \$100	ł "	
SALES, ADJUSTABLE	FLAT	at	AGREED		
RECEIPTS, ADJUSTABLE	FLAT	at	AGREED		
a. DOCKAGE, MOORAGE, NON-RACK OUTSIDE STO	RAGE		AGREED		
b. REPAIRS			AGREED		
c. FUELING			AGREED		
d. HAULING/LAUNCHING e. RACK STORAGE, INSIDE STORAGE			AGREED AGREED		
f. BOAT RENTALS			AGREED		
g. OTHER			AGREED		
	DEDUCTIB AMOUNT		LIMIT OF		PREMIUM
III. MARINE COMMERCIAL LIABILITY COVERAGE	\$ 2,	500		\$	INCLUDED
A. GENERAL AGGREGATE LIMIT(OTHER THAN PRODUC	CTS/COMP O	PS) \$	2,000,000		
B. PRODUCTS-COMPLETED OPERATIONS AGGREGATIONS	ELIMIT	\$	1,000,000	ļ.	
C. PERSONAL AND ADVERTISING INJURY LIMIT		\$	1,000,000	Ī	
D. EACH OCCURRENCE LIMIT		\$	1,000,000	ŗ.	
E. DAMAGE TO PREMISES RENTED TO YOU LIMIT		\$	100,000	):	
F. MEDICAL EXPENSE LIMIT		\$	10,000	<del>)</del>	

IV. PROTECTION & INDEMNITY COVERAGE	DEDUCTIBLE AMOUNT	LIMIT OF LIABILITY	PREMIUM
A. ANY ONE ACCIDENT OR OCCURRENCE	\$ 2,500 \$	1,000,000 \$	500.00
	DEDUCTIBLE AMOUNT	LIMIT OF LIABILITY	PREMIUM
V. OWNED WATERCRAFT COVERAGE	\$ Not Covered \$	Not Covered \$	Not Covered
	DEDUCTIBLE AMOUNT	LIMIT OF LIABILITY	PREMIUM
VI. OWNED EQUIPMENT COVERAGE	\$ Not Covered \$	Not Covered \$	Not Covered
	DEDUCTIBLE AMOUNT	LIMIT OF LIABILITY	PREMIUM
IX. ADDITIONAL COVERAGE FORMS & ENDORSEMENTS	AS PER FORM	S ATTACHED \$	250.00
		GRAND TOTAL \$	2,750.00

SCHEDULE OF ADDITIONAL COVERAGE FORMS AND ENDORSEMENTS - SECTION IX:

Stop Gap Employers' Liability Coverage Form